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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Health Resources and Services Administration** 

Agency Information Collection Activities: Proposed Collection: Public Comment Request Rural Health Clinic COVID-19 Reporting Portal, OMB No. 0906-0056 – Revision

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

**ADDRESSES:** Submit your comments to paperwork@hrsa.gov or by mail to the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443-9094.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information collection request title for reference.

Information Collection Request Title: Rural Health Clinic COVID-19 (RHC COVID-19)

Reporting Portal OMB No. 0906-0056 – Revision

Abstract: In October 2020, HRSA created a monthly, aggregate data report to collect information on COVID-19 testing and related expenses conducted by funded organizations participating in the RHC COVID-19 Testing (RHCCT) Program funded through the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139). HRSA is expanding this data report to collect information on COVID-19 testing, COVID-19 mitigation, and related expenses conducted by funded organizations participating in the RHC COVID-19 Testing and Mitigation (RHCCTM) Program funded through the American Rescue Plan Act (P.L. 117-2). Funded organizations were identified by Tax Identification Number (TIN), and a TIN organization may operate one or more RHC sites which were identified by unique Centers for Medicare and Medicaid Services Certification Numbers. Respondents are TIN organizations who received funding for COVID-19 testing, COVID-19 mitigation, and related expenses. HRSA issued RHCCTM funding as one-time payments to 2,301 TIN organizations based on the number of certified RHC sites they operate, providing \$100,000 per clinic site (4,459 RHC sites total across the country). Data report information is needed to comply with federal requirements to monitor funds distributed under the Paycheck Protection Program and Health Care Enhancement Act and the American Rescue Plan Act.

Need and Proposed Use of the Information: The RHC COVID-19 Reporting Portal collects information from RHC-funded providers who use RHCCT Program funding and RHCCTM Program funding to support COVID-19 testing, expand access to testing in rural communities, and other related expenses. The RHC COVID-19 Reporting Portal also collects information from RHC-funded providers who use RHCCTM Program funding to support COVID-19 mitigation and other related expenses. These data are critical to meet HRSA requirements to monitor and report on how federal funding is being used and to measure the effectiveness of the RHCCT Program and RHCCTM Program. Revisions include a confirmation page for TIN organization self-certification following completion of each program after the period of availability. Specifically, data will be used to assess the following:

- Whether program funds are being spent for their intended purposes;
- COVID-19 testing or testing related use(s) of RHCCTM funds;
- COVID-19 mitigation or mitigation related use(s) of RHCCTM funds;
- Where COVID-19 testing supported by these funds is occurring;
- Number of at-home (i.e. home collection, direct-to-consumer, over-the-counter) COVID-19 tests distributed (optional);
- Number of COVID-19 tests;
- Number of positive COVID-19 tests;
- TIN organizations self-certification of complete expenditure of RHCCT Program funds and/or full or partial return of RHCCT Program funds; and
- TIN organizations self-certification of complete expenditure of RHCCTM Program funds and/or full or partial return of RHCCTM Program funds.

*Likely Respondents:* Respondents are TIN organizations who own or operate one or more RHC who received funding for COVID-19 testing, COVID-19 mitigation, and related expenses.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

## Total Estimated Annualized Burden Hours:

Form Name	Number of	Number of	Total	Average	Total

	Respondents	Responses per Respondent	Responses	Burden per Response (in hours)	Burden Hours
RHC COVID-19 Reporting Portal	2,301	19	43,719	0.33	14,427
Total	2,301		43,719		14,427

HRSA specifically requests comments on: (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

## Maria G. Button,

Director, Executive Secretariat.

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